

L 17000175673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

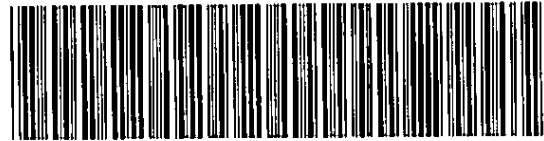
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HENLEY ROAD LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK SALVONIK

Name of Person

HENLEY ROAD LLC

Firm/Company

5000-18 HWY 17 PMB#114

Address

FLEMING ISLAND FL 32003

City/State and Zip Code

HENLEYROADLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK SALVONIK

904 545-6979  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HENLEY ROAD LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/16/2017 and assigned  
Florida document number L17000175673.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: STEVEN SALVONIK TRUST

New Registered Office Address: 5000-17 HWY 17 PMB#114  
*Enter Florida street address*

FLEMING ISLAND, Florida 32003  
*City Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

STEVEN SALVONIK TRUST Steven Salvonik P.R.  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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SECRETARY OF STATE

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 23, 2022

Frank Lehorak

FRANK SALVONIK-PERSONAL REPRESENTATIVE

Typed or printed name of signee

2027 AUG 29 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**Filing Fee: \$25.00**

TARA S. GREEN Clerk of Court and Comptroller, Clay County, FL

Deputy Clerk THRASHERM

Case# 2022CP000083 File Date 02/14/2022 04:41 PM Tara S. Green Clay County Clerk of Court

Case# 2022CP000083 File Date 02/11/2022 03:51 PM Tara S. Green Clay County Clerk of Court

**IN THE CIRCUIT COURT FOR CLAY COUNTY, FLORIDA**

**IN RE: ESTATE OF**

**PROBATE DIVISION**

**STEVEN WADE SALVONIK A/KA/ STEVEN  
SALVONIK**

**File No. 2022-CP-0083**

**Division B**

**Deceased.**

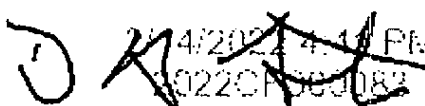
**ORDER ADMITTING WILL TO PROBATE  
AND APPOINTING PERSONAL REPRESENTATIVE  
(self-proved)**

The instrument presented to this court as the last will of Steven Wade Salvonik a/ka/ Steven Salvonik, deceased, having been executed in conformity with law, and made self-proved by the acknowledgment of the decedent and the affidavits of the witnesses, made before an officer authorized to administer oaths and evidenced by the officer's certificate attached to or following the will in the form required by law, and no objection having been made to its probate, and the court finding that the decedent died on December 14, 2021, and that Frank Salvonik is entitled and qualified to be personal representative, it is

ADJUDGED that the will dated June 15, 2016, and attested by Kevin M. Connor and Kristina Whalen as subscribing and attesting witnesses, is admitted to probate according to law as the last will of the decedent, and it is further

ADJUDGED that Frank Salvonik is appointed personal representative of the estate of the decedent, and that upon taking the prescribed oath, filing designation and acceptance of resident agent, and filing bond in the sum of \$0, letters of administration shall be issued.

ORDERED on \_\_\_\_\_, 2022.

  
DON H. LESTER  
Circuit Judge

Signed 2/14/2022 4:41 PM 2022CP000083